

THE MEDICAL NEWS AND LIBRARY.

VOL. XIII.

NOVEMBER, 1855.

No. 155.

CONTENTS.

CLINICS.
Statistical Report of the Principal Operations performed in the London Hospitals during June, 1855 . . . 160

MEDICAL NEWS.
Domestic Intelligence.—Origin of the Yellow Fever of 1855 in New Orleans . . . 177
Sulphate of Quinidine in Intermitent Fever . . . 179
The American Medical Association; its Ethical Code and its Representative Constitution . . . 180
College of Physicians and Surgeons, New York . . . 181
Yellow Fever . . . 181
Obituary Record . . . 181

Foreign Intelligence.—Muricide of Morphine and Coffee in Neuralgia . . . 181
Oxalate of Potassa in Puerperal Diseases . . . 181
Tinct. Ferri Muricatis in Uterine Hemorrhage . . . 181
Tincture of Benzoin in Chapped Nipples . . . 182
Formula for Chloroform . . . 182
Oily Frictions in Mesenteric Disease . . . 182
Turpentine in Carbuncular Diseases . . . 182
Excessive Vomiting during Pregnancy . . . 182
Sweetened Water as a Cure for Opacity of the Cornes, produced by Lime . . . 183
Treatment of Neuralgia by Chloroform . . . 183
Gum in Oro . . . 184
University of Edinburgh . . . 184
Medical Profession in Prussia . . . 184

BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during June, 1855.

Lithotomy.—Number of cases, 4. Recovered, 1. Under treatment, 2. Died, 1.

Case 1.—A boy, aged 3, under the care of Mr. Ferguson, in King's College Hospital. He was in good health, and symptoms of stone had been observed for about three months. A calculus, the size of a horse-bean, was removed by the usual operation. Doing well. *Case 2.*—A healthy boy, aged 12, under the care of Mr. Coulson, in St. Mary's Hospital. Symptoms had existed for three years. The stone was crushed during the operation, and was extracted in fragments. The whole together weighed two drachms and a half. Doing well. *Case 3.*—A boy, aged 5, under the care of Mr. Callaway, in Guy's Hospital. Although not cachectic, he was in delicate health, being fat but very pallid. The usual operation was performed. Recovered. *Case 4.*—A healthy-looking child, aged 3, under the care of Mr. Coulson, in St. Mary's Hospital,

having had symptoms of stone for a year past. A stone, the size of a flattened bean, was removed by the usual operation. On the day following the operation the child was attacked by convulsions, from which death followed in about twelve hours.

Lithotomy.—A man on whom several lithotomy operations were performed in April, by Mr. Hilton, remains under care as an out-patient at Guy's Hospital. Mr. Coulson's case mentioned last month is also under care and doing well.

A healthy-looking man, aged about 58, is under the care of Mr. Curling, in the London Hospital, and has had three operations performed during June without ill results. He is still an in-patient.

Lithectasy in the Female.—A little girl, aged three years and a half, was admitted under the care of Mr. Erichsen, into the University College Hospital, having suffered very severely from the usual symptoms of stone. With some difficulty the presence of a calculus in the bladder was ascertained. Mr. Erichsen employed sponge tents as dilators for about three hours previous to the attempt at extraction. The child being put

Published monthly by BLANCHARD & LEA, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.

In no case will this work be sent unless the money is paid in advance.

Vol. XIII.—11

under the influence of chloroform, and placed in the proper position, a bivalve dilator was employed for a few minutes to complete the requisite dilatation of the urethra. A pair of small forceps was next introduced, and the stone seized and withdrawn. It proved to be of about the size of a shilling. No incision or laceration of the meatus was found necessary. The child recovered perfectly, and no incontinence of urine resulted.

Trephining of the skull.—*Case 1.*—A man of middle age was admitted into the London Hospital, having sustained a compound and comminuted fracture of the right frontal bone, from the falling of a heavy stone on his head. Besides the injury to the skull, the stone had fallen also on the chest and abdomen, and inflicted serious contusions, as well as fractures of several ribs of the right clavicle. He was quite conscious, and without paralysis. Mr. Corner, the House-Surgeon, removed, immediately after admission, several portions of the outer table, which were detached and driven inwards. It was seen, when there had been taken away, that the inner table had been broken, and driven under the edge of the adjacent part of the skull. In order to elevate these, Mr. Gowland had to employ the trephine, after which the removal of the depressed portions was easily effected. The dura mater was not torn. The man remained without head symptoms until the time of death, which took place on the following day. The cause of the fatal event had probably no connection with the injury to the skull, having been preceded only by extreme difficulty of breathing, pain in the abdomen, and much emphysema of the walls of the chest. *Case 2.*—A delicate boy, aged 16, was admitted, under the care of Mr. Lane, into St. Mary's Hospital, having sustained a compound fracture, with depression of the posterior part of the frontal bone. He was insensible. By the use of Hey's saw a small fragment of bone was liberated, and taken away. Complete relief to the symptoms followed, and although a severe attack of erysipelas subsequently occurred, the lad is now doing very well.

Cæsarean Section.—The Cæsarean section for the removal of a fetus from the peritoneal cavity was performed during June by Mr. Erichsen, in University College Hospital. The following are the facts of the case: A married Irishwoman, aged 38, was ad-

vanced twelve hours in her sixth labour, when the accoucheur in attendance felt the head of the child, which had come low down, suddenly recede. Symptoms of ruptured uterus followed. Dr. Murphy was now called in consultation, and having found that the fetus could be easily felt through the abdominal walls, and was apparently quite loose, while it could not be reached by the vagina, concurred in the opinion already formed that the uterus had given way. The woman was not at this time in a very collapsed state, and as her own home was such as to preclude the possibility of proper care being obtained, her removal to the University College Hospital was advised. She bore the journey ill, and was much more sunken when admitted than she had previously been. A further consultation having taken place, Mr. Erichsen proceeded to remove the fetus by gastrotomy. An incision about six inches in breadth was made in the median line, between the umbilicus and pubes. The fetus was easily reached; and, as expected, was found loose in the peritoneal cavity. It was removed (dead), together with the whole of the cord and the placenta. Not much hemorrhage occurred, nor was much blood found in the abdomen. Stimulants, opiates, etc., were liberally employed afterwards, but in spite of them the woman sank, and died in about three hours. Her friends resolutely refused to allow a *post-mortem*, but an opportunity was obtained of examining the uterus. This organ proved to be uninjured; it was about the size of a cocoa-nut, and in the usual condition of one from which a fetus had recently been removed. There were appearances of laceration and ecchymosis about the posterior part of the vagina, where attached to the cervix uteri; but unfortunately it had been cut too shortly away to have included the rent which was inferred to have existed. The condition of the uterus made it quite certain that the case had not been one of extra-uterine foetation, and the only possible method by which the fetus could therefore have found its way into the peritoneal cavity was by laceration of the cul-de-sac of the vaginal wall surrounding the uterine cervix. This was, therefore, no doubt, the accident which had occurred.

Herniotomy.—Number of cases, 9; recovered, 2; under treatment, 3; died, 4. *Case 1.*—A man, aged 73, under the care of Mr. Erichsen, in University College Hos-

pital. The hernia was femoral, and had been strangulated forty-eight hours. The tumour was very tense; there had been constipation, but no vomiting. Taxis having failed, the operation was resorted to, the man being at the time in very fair condition. The sac was not opened. An attack of inflammation of the cellular tissue of the scrotum, not apparently connected with the wound, nor yet resulting in suppuration, followed, but it passed off, and the man made a good recovery. *Case 2.*—A woman, aged 40, under the care of Mr. Lane, in St. Mary's Hospital. Hernia femoral, of twenty-five years' standing; strangulated twenty-five hours. The sac was opened and found to contain intestine and omentum. The former was returned; the latter being adherent, and having apparently lost its vitality, was cut away, having first had a ligature placed round its constricted part. The patient recovered well, and is now waiting in the hospital for a truss. *Case 3.*—A man, aged 53, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral, very large, strangulated fifty-two hours. The sac was opened, and the bowel returned. The man has since done well as far as the bowel is concerned, but the wound has taken an hospital phagedæna, and the result is as yet doubtful. *Case 4.*—A man, aged 48, intemperate and of impaired constitution, under the care of Mr. Luke, in the London Hospital. The hernia was of the congenital form, and had existed for sixteen years, having been irreducible to a large extent. The increased protrusion had occurred about twenty-two hours before admission, and, although there was but little tension, yet the seat of stricture was accurately marked by the cessation of impulse on coughing, at a point about two inches below the external ring. Mr. Luke made an incision about an inch and a half long over this spot, and having divided a band of fascia, which constituted the stricture, reduced the protruded bowel without opening the sac. Inflammation of the cellular tissue of the scrotum followed the operation, and some sloughing has occurred. The man is yet in a very feeble condition, and his recovery is doubtful. There has been no peritonitis. *Case 5.*—A small infant, aged seven months, under the care of Mr. Cock, in Guy's Hospital. Hernia inguinal, strangulated eighteen hours, and the size of a pigeon's egg. The sac was not opened.

Under treatment. *Case 6.*—A healthy woman, aged 47, under the care of Mr. Ferguson, in King's College Hospital. The hernia was femoral on the left side, about the size of a walnut, and strangulated eighteen hours. The sac was opened, and the bowel found very much congested. Death from peritonitis occurred on the ninth day. No autopsy allowed. *Case 7.*—A man, aged 58, under the care of Mr. Holt, in the Westminster Hospital, on account of a direct inguinal hernia which had been strangulated three days. The sac was not opened. Death followed twelve hours after the operation. The autopsy showed extensive peritonitis, the result of perforation of the strangulated portion of intestine. *Case 8.*—A man, aged 51, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. Hernia inguinal, strangulated eleven hours, sac not opened. The man's health had previously been good, and, at the time of the operation, his condition was good. Inflammation of the cellular tissue of the groin followed, and extended to the thigh and the abdomen; separate swellings also formed on different parts of the anus. No rigors occurred, but the man sank into a state much resembling that of pyæmia, the tongue being dry and brown, etc. Death took place on the ninth day. At the autopsy there were found only the evidences of very slight and local peritonitis. The swellings on the anus did not contain pus, but only a fluid serous effusion, nor was there any suppuration in the cellular tissue of the abdomen or thigh. *Case 9.*—A man, aged 45, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia inguinal on the right side. The sac was opened and found to be enormously thickened, and to contain only omentum, the latter being adherent below. The omental mass was divided through the middle, and ligatures having been applied to the bleeding vessels, the upper part was allowed to return into the abdomen. The man did pretty well for two days, when the abdomen became distended with flatus. The scrotum, which, from the violent efforts at reduction which the patient himself had resorted to before admission, had throughout been red and inflamed, now became swollen, tense, and dusky. The condition increased, and gangrene impending, free incisions were practised. Delirium supervened; the tympanitis, despite the free escape of flatus per anum, increased, and the sloughing involv-

ed a large part of the scrotum. Death from exhaustion took place on the eighth day.

Ligatures of Arteries.—*Case 1.*—A healthy man, aged 20, was admitted into St. Bartholomew's Hospital, having sustained a severe lacerated wound of the palm from a piece of glass. He had lost a large quantity of blood, and no doubt was entertained that the superficial palmar arch had been wounded. Mr. Skey tied both ulnar and radial arteries at the wrist, the operation being performed soon after admission. There was no recurrence of hemorrhage, and the wounds are now healed. *Case 2.*—A man, aged 41, under Mr. Crichtett's care in the London Hospital, a large fibro-plastic tumour having been removed from the inner aspect of the right thigh. (See last report, "Removal of Non-Malignant Tumours," *Case 7*, page 161.) In the removal of the tumour, the sheath of the femoral vessels had been laid bare for the extent of an inch and a half. All went on well until the eleventh day, when very suddenly a most profuse hemorrhage occurred. Mr. Adams, who was in the hospital at the time, was at once called to the case. The wound having been cleaned out, and all clots removed, the portion of the femoral artery which had given way was easily fixed, and a ligature was passed beneath the vessel above it and tied. After this, however, there was seen to be venous hemorrhage still going on apparently from the femoral vein below the rent in the artery. Mr. Adams, accordingly, included both artery and vein in a second ligature below the first. No ill symptoms followed; there was observed, indeed, scarcely any swelling of the thigh or distension of the superficial veins. Both the ligatures have now come away, and the case is doing well.

Amputations.—Of the cases left under care by last report, *Case 7* (Mr. Simon's Pirogoff amputation) is recovered. The man has an excellent stump. A few sinuses still remain open, through which it is possible a few little apiculae of bone may have to escape, but the greater part of the stump is quite sound, and will bear pressure. *Case 6.*—Mr. Culler's Lisfranc remains under care.

Number of cases 13; recovered 6; under treatment 3; died 4.

Of the Thigh.—*Case 1.*—A girl, aged 13, under the care of Mr. Erichsen, in University College Hospital, on account of acute necrosis of the upper part of the tibia and

disease of the knee joint. The disease had existed only from five to six weeks, but it had reduced the patient to a condition of extreme exhaustion. There was a large abscess in the leg. Amputation through the thigh was performed, and the child made a quick recovery. *Case 2.*—A delicate strumous girl, aged 13, under the care of Mr. Lane, in St. Mary's Hospital, on account of diseased knee-joint and necrosis of the tibia. A double flap amputation through the thigh was performed. Some hemorrhage occurred about three hours after the operation, but since that the case has done well, and the stump is now almost healed. Recovered. *Case 3.*—A delicate-looking boy, aged 16, under the care of Mr. Skey, in St. Bartholomew's Hospital, having for seven years suffered from disease of the knee-joint. A prolonged treatment having failed to be of advantage, amputation through the thigh was performed. The stump is now nearly healed, and the lad is rapidly improving in health. The joint was found to be quite destroyed, the synovial membrane being thickened, the cartilage ulcerated, and the bone carious in many parts. *Case 4.*—An unhealthy strumous boy, aged 3, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of diseased knee-joint. He had been under treatment in the hospital for three months before the operation, but without benefit, his health gradually failing. Circular amputation through the thigh was performed. Nearly well. On examining the joint after removal, the cartilage was found removed in parts by ulceration, but the bone beneath was not carious; the synovial membrane was thickened. *Case 5.*—A woman, aged 27, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. She was in an advanced stage of phthisis, and the subject of hectic and extreme exhaustion; but as there was profuse discharge from the joint and much pain attending it, Mr. Lawrence determined to remove the limb, in the hope of affording temporary relief. This was done, and for a week the woman appeared likely to recover well. Severe rigors subsequently came on, aphthae appeared about the mouth, and, on the fourteenth day, death took place. The tongue had been throughout red and glazed, not brown, and her condition altogether rather resembled that of extreme hectic than pyæmia. Rigors had occurred before the ampu-

tation as well as after it. No autopsy was permitted. *Case 6.*—A boy, aged 15, under the care of Mr. Cook, in Guy's Hospital, on account of a severe burn of the leg. Sloughing and extreme constitutional disturbance occurred, and it became needful to amputate through the thigh in order to afford a chance of life. Pyæmia, however, supervened, and the boy died a week after the operation. The autopsy showed patches of lobular pneumonia in different parts of the lungs. *Case 7.*—A boy, aged 10, in a very exhausted condition from old-standing disease in the knee-joint, and suppurating among the muscles of the leg. Amputation through the thigh. Death followed a few days after.

Of the Leg.—*Case 8.*—A man, aged 40, under the care of Mr. Erichsen, in University College Hospital, on account of disease of the ankle-joint. Chopart's amputation had been performed about a year ago by Mr. Marshall, on account of disease of tarsal bones. Amputation just below the knee was now performed. Recovery. *Case 9.*—A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large cancerous ulcer on the leg, involving the tibia. Much treatment had been exhausted in the attempt to destroy the growth and prevent its reproduction, and amputation was accordingly resolved on. After removal, the disease was found to extend into the structure of the tibia, and the compact tissue of the bone was much increased in thickness. The man recovered well from the amputation. *Case 10.*—A man, aged 60, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ulcer of old standing, which extended almost round the leg. Amputation below the knee was performed; the disease appearing past hope of cure. Under treatment. *Case 11.*—A man, aged 48, under the care of Mr. Birkett, in Guy's Hospital. He was in bad health, and was admitted in consequence of having fallen from a great height, and sustained a fracture of several ribs on the right side, and a compound and comminuted fracture of the right tibia and fibula. An attempt was made to save the limb, which was adjusted and placed on a splint. For some days the man seemed likely to do well, but profuse supuration having set in, his constitutional powers so far gave way that it was thought necessary to amputate. Death followed three days after the operation, in conse-

quence of repeated hemorrhages. The bleeding had been entirely from small vessels.

Of the Foot.—*Case 12.*—A man, aged 40, under the care of Mr. Partridge, in King's College Hospital, on account of diseased tarsus of four years' duration. Amputation was performed at the ankle-joint. Doing well.

Of the Upper Extremity.—*Case 13.*—A boatman, aged 53, of dark complexion and of strumous habit, under the care of Mr. Skey, in St. Bartholomew's Hospital. He had suffered for many years from disease of the wrist-joint. Amputation was performed through the middle of the forearm. The man recovered quickly.

Excision of Bones and Joints.—Several cases of this class remain under care in different Hospitals. Mr. Birkett's case of excision of the knee-joint, in Guy's Hospital, has been affected with hospital gangrene—in other respects the man is doing fairly. Mr. Hilton's case of excision of the os calcis is doing very well; the wound is fast closing, and the child is allowed to walk about.

The following have been performed during the month. *Case 1.*—A boy, aged 14, under the care of Mr. Erichsen, in University College Hospital, with disease of the knee-joint. He was very much enfeebled in health, so much so that Mr. Erichsen deemed it his duty to recommend to the parents that amputation should be performed in preference to excision of the joint. The parents, however, refused to give permission for the removal of the limb, and under these circumstances an excision of the articulation was performed. A semilunar flap was dissected up from the front of the joint, including the patella and its ligament, the latter being cut through. The articular extremities of the femur and tibia were then sawn off, and the carious surface of the patella was gouged away. The greater part of the patella was left. The case has thus far done remarkably well, and the lad is already improving in health, and may be considered out of danger. *Case 2.*—A girl, aged 5, under the care of Mr. Erichsen, in University College Hospital, on account of diseased elbow-joint of three years' duration. A π -shaped incision was practised, and the articulate portions of the three bones cut away. The child is doing well. *Case 3.*—A girl of strumous constitution, aged 8, under the care of Mr. Adams, in the Lon-

don Hospital, on account of diseased os calcis. A free crucial incision was made over the outer aspect of the bone, and the greatest part of it, in a state of fragmentary disintegration from caries and partial necrosis, was removed. A large cavity was left which was surrounded by a shell of bone. The child is doing well. *Case 4.*—A woman of strumous habit, aged 25, under the care of Mr. Solly, in St. Thomas's Hospital, on account of carious disease of the os calcis and astragalus. An operation of gouging out the diseased part had been previously performed, but had not been successful, and it had now become needful to repeat the procedure. The case remains under care.*

Removal of Malignant Tumours.—*Case 1.*—A woman, aged 40, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital, on account of scirrhus of the breast. The whole gland was removed. Doing well. *Case 2.*—A healthy married woman, aged 53, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the breast, of two years' duration. The entire gland was removed. Recovered well. *Case 3.*—A woman, aged 50, under the care of Mr. Cook, in Guy's Hospital, on account of returned cancer in the cicatrix, after removal of the breast. The original operation had been performed by Mr. Cook, nearly three years ago. The returned disease involved only the cicatrix. It was freely excised. Under treatment.

Case 4.—A woman, aged 45, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large growth of scirrhus in the right mammary gland. It had been slowly increasing for a year and a half, its growth having been attended by pricking pain. The cancerous cachexia was well marked. The axillary glands were not enlarged. The whole breast was excised, and the mass weighed after removal nearly two pounds. Notwithstanding an attack of erysipelas, the patient has done well, and is fast recovering. The microscope confirmed the diagnosis of the cancerous nature of the growth. *Case 5.*—A woman, aged 60, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. Her right breast was wholly involved in a mass of ulcerated scirrhus as

large as a full-sized fist, and in the axilla, deeply placed, were three cancerous glands, the largest being the size of a walnut. The breast did not adhere to the pectoral muscle, and the axillary glands were movable. The entire breast, the glands, and as much skin as was involved, were excised. The patient is doing well, and the large wound is fast healing. *Case 6.*—A soldier, aged 40, apparently in good health, under the care of Mr. Erichsen, in University College Hospital, on account of a large scirrhus growth in the axilla. The mass was the size of two fists, movable, but extending high under the pectoral muscles, and almost up to the clavicle. From its history it would appear to have been primary cancer of the lymphatic glands. The patient had lost a finger by frost-bite, three years ago, but he had never had any ulcer or growth on the arm or breast. It had existed a year. The operation consisted in dissecting it out, and was accomplished without unusual hemorrhage. The patient sank within a few days from the effects of diffuse inflammation of the cellular tissue, which extended into the mediastinum, along the course of the axillary vein. See also "Amputation of the Penis," and "Excision of the Testis."

Amputation of the Penis.—A man of bad constitution, and very irregular life, was admitted, under the care of Mr. Curling, into the London Hospital, having a large part of the penis involved in a growth of epithelial cancer. It was necessary to amputate at the very root of the organ. The incision was made a little obliquely, so as to leave the urethra rather longer than the rest. Excepting an attack of phagedena, which was controlled by the nitric acid, the man recovered. Some glands in the groin were a little enlarged, but it was not deemed advisable to remove them.

Excision of the Testis.—*Case 1.*—A man, aged 31, apparently in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the left testicle, of thirteen months' standing. The cord was quite healthy, but there were glands in the groin which appeared larger than natural. The usual operation was performed. The bleeding from small vessels was, for a few minutes, very fierce, and a great many ligatures were required. The man is now quite out of danger, and the wound is fast healing. The gland presented after removal a good example of medul-

*A child, aged 8, is under Mr. Simon's care, in St. Thomas's, in whom the elbow-joint has been laid open, and much of the thickened synovial membrane removed. The bones not being found carious, were not excised; the case does not, therefore, come under the class of "Excisions."

lary cancer; it was as large as two fists. *Case 2.*—A man, aged 31, under the care of Mr. Brooke, in the Westminster Hospital, on account of a medullary cancer of the testis. The enlargement had commenced a year before, and the scrotum had been ulcerated for four months; the cord was thickened. The testis, the diseased integument, and lower part of the cord, were removed. Doing well. *Case 3.*—A man, aged 57, who has been for some time past under Mr. Cock's treatment in Guy's Hospital, on account of fungous protrusion of the right testis. Escharotics had been applied, and several times it had seemed about to heal, when fresh inflammation would occur. The patient at length desired the removal of the organ; and as it was plain that even if preserved it must be, as regards function, useless, Mr. Cock acceded to his wish. After removal, there was found very little of healthy gland tissue remaining, the greater part of the organ having been converted into a fibrous structure. The wound is healing well.

Removal of Non-Malignant Tumours.—

Case 1.—A man, aged 26, under Mr. Simon's care, in St. Thomas's Hospital, on account of an enlarged lymphatic gland in the parotid region. It was removed, and the wound soon healed. *Case 2.*—An unmarried woman, aged 30, was admitted under the care of Mr. Fergusson, into King's College Hospital, on account of a great and very painful enlargement of the right breast. It appeared that she had been quite well until five months before, when she received a blow on the part, which was followed by inflammatory induration. This subsided, and two months afterwards a small tumour appeared, which during the next three months increased to the size of a fist. The tumour could not be distinguished from the gland with which it is connected; it had no attachments to the pectoral muscle, but was adherent to the skin, and in one spot the latter was ulcerating. There was an enlarged and painful gland in the axilla. The entire breast, and the lymphatic, from the axilla, were removed. The patient is doing well. *Case 3.*—A girl, aged 30, under Mr. Fergusson's care, in King's College Hospital, on account of an epulis growing from the lower jaw. Excision. Recovery. *Case 4.*—A woman, aged 36, under the care of Mr. Partridge, in King's College Hospital, on account of a tumour the size of a small

orange, over the lumbar vertebra, which had occasioned much pain. It was excised, and proved to be a sebaceous cyst. *Case 5.*—A woman, aged 55, under the care of Mr. Walton, in St. Mary's Hospital, on account of a tumour the size of a walnut, between the fifth and sixth ribs on the left side, and which had been increasing for several months. After removal, it proved of fibrous nature. Recovered. *Case 6.*—A woman, aged 25, under Mr. Simon's care, in St. Thomas's Hospital, on account of a serocystic tumour in the breast. Excision. Doing well. *Cases 7, 8, 9, and 10.*—These were examples of fatty or atheromatous tumours, not possessing any peculiarity. All removed without ill consequences. *Case 11.*—A girl, aged 25, under Mr. Birkett's care, in Guy's Hospital, on account of a hypertrophy of one nympha. Excision. Recovery. *Case 12.*—A woman, aged 25, under the care of Mr. Luke, in the London Hospital, on account of a tumour the size of a pear, in the left submaxillary region. It had existed thirteen years, but had been increasing rapidly during the last six months. It was excised, and was found afterwards to consist of hypertrophied and softened gland tissue. During the operation, the sheath of the facial artery was laid bare, but the vessel was not injured. The wound is now nearly healed. *Case 13.*—A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of two large tumours dipping deeply among the muscles of the back part of the thigh. The largest was much larger than an orange. Both were found in the operation to be suppurated sebaceous tumours, with much thickened walls. It was not practicable to remove the cyst wall, except in parts, and the wounds were accordingly stuffed with lint, and allowed to suppurate from the bottom. Doing well.

Removal of Necrosed Bone.—Seven operations of this class have been performed during the month, and, in several, large portions of sequestrum were removed. All the patients remain under care, and are doing well.

Ligature of Spina Bifida.—A healthy infant, aged 6 weeks, was placed under Mr. Erichsen, at University College Hospital, on account of a tumour the size of a small orange, quite translucent, and attached over the lumbar spine by a pedicle not larger than one's forefinger. Although it could not be altered in size by compression, yet the

diagnosis that it was a spina bifida seemed the most probable. Mr. Erichsen passed a double ligature through its base, and tied it in two halves. A considerable part of the tumour has sloughed away. The infant is doing well thus far (8th day).

Tracheotomy.—A woman, aged 42, under care in King's College Hospital, on account of syphilitic laryngitis. During a relapse, she became reduced to a condition of such imminent danger from suffocation, that tracheotomy was necessitated. It was performed by Mr. Tatum, the House Surgeon in charge of the case. Very great relief resulted, but she ultimately sank exhausted on the fourth day afterwards. There was much pulmonary congestion.

Operation for Urethral Stricture.—A man, aged 64, under the care of Mr. Coulson, in St. Mary's Hospital. Perineal section had been performed two months before, and had left a fistulous opening. The stricture also had again contracted. Mr. Coulson passed down a Syme's staff, and then divided the stricture upon it at the same time, enlarging the perineal opening. A No. 8 catheter was afterwards introduced, and retained for two days. The patient has suffered considerable constitutional disturbance, but is now doing fairly.

Paracentesis Thoracis.—*Case 1.*—A man, aged 24, under the care of Dr. Burrows, in St. Bartholomew's Hospital, on account of what was believed to be an encysted empyema on the left side. He was in delicate health, and much reduced by the disease. Puncture between the fifth and sixth ribs in the lateral region was performed by Mr. Stanley. About 12 ounces of healthy pus flowed by the canula, and as much more during the following night through a catheter, which was left in the wound. The catheter was retained, and the escape of matter continued for four days. Since then the tube has been passed night and morning, and a syringe occasionally employed, in order to aid the complete evacuation of matter. Air has been permitted to pass freely through the catheter, and the case has thus been converted into one of pneumothorax. An acute attack of inflammation on the same side, involving probably both pleura and lung, necessitated recourse to mercurial and depletive treatment; but, in spite of these drawbacks, the man is doing fairly.

Case 2.—A boy, aged 3, was admitted into St. Bartholomew's Hospital, under the care

of Dr. Farre, with the account that he had been ill for some weeks, and had had symptoms of acute pleurisy. He was emaciated and very ill; countenance anxious; also nasal dilating with each inspiration. The left side of the chest was generally prominent, and everywhere dull on percussion. The apex of the heart pulsated to the right of the sternum. The symptoms thus being well marked, thoracentesis was determined on. The puncture was made by Mr. Stanwell, the House Surgeon, the spot selected being between the fifth and sixth ribs, posteriorly. About 34 ounces of healthy pus were evacuated. The child was much relieved by the operation. He has since, however, suffered from hooping-cough, which has prevented his improving in health. About ten days after the first puncture, a second was practised, and about 8 ounces removed. The wound has on each occasion been allowed to heal, and no air has been admitted. The child remains under care. *Case 3.*—A girl, aged 18, under the care of Dr. Sibson, in St. Mary's Hospital, on account of acute pleurisy, with effusion. The pleural cavity being filled, and the dyspnoea caused being urgent, it was determined to resort to paracentesis. A small hydrocele trocar was used, the operation being performed by Mr. Tyrwhit Smith, the House Surgeon. Thirty ounces of clear serum were removed. Much relief was afforded by the measure. On the following day, at Dr. Sibson's request, a second puncture was made, and again about 30 ounces of serum removed. These operations did not, of course, empty the chest; they were rather intended only to relieve the excessive distension. A large quantity of fluid remained behind, which has since been removed by absorption. The girl is now convalescent.

Besides the above, several cases mentioned in our previous reports, in which paracentesis of the chest has been performed, remain under care in the different hospitals. A very interesting case is under the care of Mr. Skey, in St. Bartholomew's Hospital, in which an opening into the right pleural cavity has formed spontaneously; and another of similar character is under the care of Dr. Ramakill and Mr. Hutchinson, at the Metropolitan Free Hospital.

Plastic Operations.—*Case 1.*—A woman, aged 28, under the care of Mr. Ferguson, on account of a contracted cicatrix after burn, which connected the forearm and upper arm

at an acute angle. Much benefit has resulted from the free division of the contracted bands. The case was mentioned in our report for March, a former operation having been performed, to liberate the upper arm from the side of the chest. Under treatment. *Cases 2 and 3.*—These cases are examples of vagino-rectocele, both under the care of Mr. I. Baker Brown, in St. Mary's Hospital. In both, the usual operation for diminishing the calibre of the vagina, and the size of the external opening, has been performed, and with very good results. *Case 4.*—A woman, aged 46, under the care of Dr. Barnes, in the Metropolitan Free Hospital, on account of ruptured perineum, and consequent prolapse of the vagina, bladder, and rectum. The accident had occurred two years before. The whole perineum was torn through, but the sphincter ani was entire. Dr. Barnes's operation consisted in paring the edges of the lacerated sides of the perineum, and then uniting them together by means of shotted sutures. The sphincter ani was divided from the bowel on each side, in order to liberate the perineum, and prevent traction. The parts were got into very good apposition. The catheter was used several times daily for the week following the operation. On the fifth day, the patient had an attack of secondary hemorrhage from the wound, which was so profuse as to cause alarming faintness. By the use of ice to the part, and the internal administration of tannic acid in large doses, the bleeding was arrested without its being needful to open the wound. Good adhesion has taken place through the greater part of the united surfaces, but an aperture remains just in front of the rectum, which will have to be closed by a future operation. *Case 5.*—A child, with single hare-lip, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. The usual operation was performed by Mr. Jowers (House Surgeon), and succeeded well. *Cases 6 and 7.*—Cases of hare-lip, under the care of Mr. Erichsen, in University College. In neither case were the pins employed. Both united well. *Case 7.*—A boy, aged 15, under the care of Mr. Cock, in Guy's Hospital, whose case has been frequently mentioned in these reports. He had a very large polypus in the nose and pharynx, for the removal of which it was necessary to slit up the left nostril; and in order to allow of applications being made by the aperture to the base of the growth, the

opening had to be kept patent. The operation this month performed, consisted in paring the edges, and then uniting the sides of this aperture. It succeeded perfectly. See "Operation for the Closure of Artificial Anus."

Operations for Navus.—A case, under the care of Mr. Fergusson, in King's College Hospital, two under that of Mr. Erichsen, in University College, and one under that of Mr. Hutchinson, in the Metropolitan Free, have been operated upon. In all the ligature was employed, and in all perfect cure resulted.

Operation for the Closure of Artificial Anus.—A man, aged 32, under the care of Mr. Fergusson, in King's College Hospital. Nine years ago a gun went off in his hand, and the charge of large shot passed through his right side from before backwards; a week after the accident several pieces of bone came away (rib), at which time fecal matter began to escape from the wound, and continued to do so entirely for seventeen months, none passing by the anus. The hole in the side was subsequently firmly plugged, and the feces then took their natural course, and have done so ever since when the plug is used, with the exception of slight oozing at the wound. The aperture is two and a half by two inches, with a large surface of mucous membrane exposed, in which two openings into the bowels could be felt, one of them appearing to be the junction of the ileum with the colon. *Operation.*—The mucous membrane was first loosened from the bordering skin, and then a flap of skin with a broad base of attachment taken from the walls of the belly, in front of the opening, and fixed over the raw edges of the opening by means of sutures. Chloroform was administered. The patient appeared well for a few hours, but gradually sank, and died in 40 hours. *Post-mortem* revealed nothing remarkable. There was slight peritonitis on the left side, some blood in the colon, no apparent wound of peritoneum.—*Med. Times and Gaz.*, July 14 and 21, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Origin of the Yellow Fever of 1855 in New Orleans.—Just at this time, when the

great question of quarantine is agitating the public mind, the most interesting question connected with these cases is their *origins*, and in reviewing them we shall merely advert to facts, without intruding our individual opinions. Every intelligent mind will make its own inference at last, and to afford the material for this purpose is our peculiar province.

In a former number is reported the case of John Hailey, who entered the Hospital on April 30, and died on 3d May. He seems to have been taken sick on his way to the city on board a steamboat (either the *Louisa* or *Rapides*), on which he acted as cook. He was a native of Ireland and unacclimated. Yellow fever was not suspected at the time of his illness, and he was considered a case of "bilious fever" until black vomit made its appearance. No autopsy ever revealed more clearly all the characteristics of genuine yellow fever. Although the evidence is not *positive*, still, all the data tend to show that the individual had no communication with the shipping; he was taken sick away from the city, though he was running to and from the same every ten or fifteen days on one of the boats named.

The excitement caused by the case of Hailey in the Hospital soon subsided; none of the patients in the ward where he died took the disease, and things went on quietly until the 19th June, when a very severe case entered ward 22, and died on the 20th, after having thrown up black vomit profusely. This man's name was Wm. Barneman, German, aged 21 years, one month in New Orleans, from Girod Street, worked on the levee for steamboats, taken sick on the 15th June. Autopsy revealed plenty of pure black vomit in the stomach.

However, by reference to our reports in July number, it will be seen that a case of yellow fever, Carl Draugod, really appeared in the Hospital as early as the 15th June. He was seen by the visiting physician of the ward for the first time on the morning of the 16th, and although suspected at the time, nothing was said about it until the morning of the 19th, when he was bleeding freely from the nose; having, also, bled from the gums, quite freely on the 18th, or the fifth day of the disease. All who saw this case pronounced it yellow fever.

Thus, then, the man Draugod (of June 15th) was the first case that appeared in the

Hospital after the case of May 3, or forty-three days previously. Let us see who Draugod is:—

He is a native of Germany, from Liverpool direct, and had been in this city five weeks when taken sick; had been acting as servant in the beer saloon of Frank Weber* ever since his arrival, and had no connection with the ships. During this man's illness in the ward sundry cases of intermittent and remittent fever, diarrhoea, etc., have occupied the beds around him, but none took yellow fever.

There is no evidence, then, of Draugod's having "caught" the disease from any person or bale of goods, etc.; he was not only the first recorded case for the month of June, 1855, but he was simply an unacclimated German, thrown amongst us at the beginning of our summer season, and notwithstanding he worked within doors and was not exposed to the vicissitudes of the weather, we find him taking yellow fever in its hemorrhagic form at a very early date—he having been sick two days before he entered the Hospital.

We next come to the case of Andreas Benz, German; in America three years; in New Orleans three weeks; last from Louisville, Ky. This man is a carpenter by trade, and was last at work near St. Mary's market; entered ward 23 on 19th June; had been sick with diarrhoea nineteen days, and entered the ward with fever and diarrhoea. Died June 21.

On the same day that Benz entered (June 19) John Kramer entered ward 24. This man was a German, aged 23 years; five years in America; six months in New Orleans; common labourer; had been working in Murphy's Hotel, on St. Charles St. (next door to the St. Charles Theatre), for two weeks previous to being taken sick. He distinctly avowed that he had no communication with the shipping. Recovered.

These two individuals, then (Benz and Kramer), are found entering the Hospital on the same day—one from a carpenter's shop near St. Mary's Market (one of the filthiest portions of the city), the other from St. Charles Street, in the very heart of the city, and where most attention is paid to cleanliness. Both were strictly unacclimated; one

* The patient being a stranger in the city, could not tell us the name of the street on which Weber keeps his saloon, though he says it is not near the shipping; and we have failed to find it in the City Directory.

in the city but three weeks, the other six months.

Next comes Edward Tilden, Irishman; has been in America nine years, but has never resided in New Orleans; has been running to and from the city on steamboats for several years; entered ward 25 on June 20th, having been taken sick four days previously (16th); was taken sick on his boat and went thence to a boarding-house on Levee Street. It is thus seen that Tilden was one of the first taken sick, he being only three days behind our first patient, Draugod.

Three days now elapse, and on the 23d June we find the man Philip Lyskchylor entering ward 22, with an intense attack of yellow fever, which terminates fatally on the morning of the 24th. He is a German, direct from Havre, on ship Rome,* and has been in New Orleans but three weeks; has been working on the levee, near post 24; taken sick three days before he came in, or on the 20th June.

Next comes George Weintz, German; entered ward 22 on the 20th June. He is, also, from ship Rome (emigrant), and says he knew Lyskchylor well; has been sick twenty-four hours; is from a boarding-house near St. Mary's market; has been doing nothing since his arrival in this city; merely lounging about his boarding-house, Recovered.

These two men (Lyskchylor and Weintz) were, also, wholly unacclimated, having been in New Orleans but three weeks. The former was labouring on the levee in the sun, the other was under shelter and doing nothing; yet both took the disease.

We now come to Maria Shualtz, who was brought to the Hospital in a hopeless condition on the morning of the 25th June. She could give no account of herself, but her friend says she is a native of Germany; has been in New Orleans eight months; is from the corner of Claiborne and Post Sts.

* We are indebted to Dr. Fenner, of this city, for the following notes in relation to ship Rome, he having visited her in person: "Ship Rome, Capt. Moulton; American vessel; arrived from Havre direct on 3d June, 1855; was halted at quarantine June 2d, examined and passed; brought but little cargo and 162 German emigrants; had little sickness at sea, and this confined to children, seven of whom died! Most of the emigrants left for St. Louis, June 4th. Capt. M. has now but one man on board; no sickness, and has heard of none in the neighbourhood of his vessel. Ship Rome lies at post 24, about three squares above St. Mary's market."

(Third District, and far back from the river), and was taken sick on 22d June. This patient came from a locality far removed from any of the other cases, and a great distance back from the river, and, consequently, from the shipping.

Lastly, we have the man Joel Shoemaker, native of Ohio; in New Orleans six months, though recently returned from a visit to Ohio; lives in Lafayette, at a hotel near the Stock Landing; entered ward on afternoon of 25th June, and died 2d July. This man and Maria Shualtz entered the Hospital on the same day—both intensely attacked—yet coming from opposite ends of the city, and one from the river bank, the other from the rear of the city.

The data being now furnished, it remains for those who preach the doctrine of the importation of yellow fever into New Orleans to make out their case. We cannot close, however, without annexing a summary of two cases which we regard as closely allied to the subject; they will speak for themselves:—

June 15th. Pan Mordin, Swede; entered ward 17; he is a clerk; last from Chicago; five months in New Orleans. This man was entirely delirious, and presented all the symptoms of delirium tremens; fever arose on the day after his admission, and on the 19th he died of as pure black vomit as was ever seen.

June 17th. Herrman Ferring, German, aged 20 years, last from Chicago, in New Orleans six months; entered ward 22; occupation brewer; presented all the symptoms of "pernicious intermittent fever," but died on the 19th with some symptoms of yellow fever; so decided as to lead to the prediction that black vomit would be found in the stomach after death. The autopsy revealed genuine black vomit in the stomach.

Sulphate of Quinidine in Intermittent Fever.—Dr. C. B. GUTHRIE, Prof. of Materia Medica and Pharmacy in Memphis Medical College, reports (*Memphis Med. Rec.* Sept. 1855) thirteen cases of intermittent fever treated with the sulphate of quinidine. Of these, nine were cured, two did not return, and the result was unknown, but Dr. G. thinks a cure was effected; and in two the salt failed, and a cure was effected by the sulphate of quinia. In none of the cases did the salt affect the head unpleasantly, as quinia does, though in some instances the

former was given in larger doses than the latter usually is administered.

The American Medical Association; its Ethical Code and its Representative Constitution.—[This is the title of an article in the *Association Medical Journal* for Sept. 1, 1854. The writer says that the code of ethics of our Association is so excellent, that he transfers it in extenso to the pages of the *Association Journal*, and then offers the following remarks, which will be read with interest on this side of the Atlantic, and may exercise a useful influence in regard to certain proposed reforms:—]

"Founded upon such an ethical basis, and actuated by such lofty principles, the American Medical Association has grown and flourished, giving evidence at once of all the freshness of youth, and much of the vigour of maturity. From time to time its laws have undergone trifling modification, in order to maintain perfect equality of representation between the different States and societies—which fair representation must be regarded as the most essential feature of the system. From time to time additional or extraordinary committees have been appointed to fulfil the various duties that have devolved upon the increasing weight and influence of the Association, or to meet the various exigencies that external circumstances have produced. But in other respects there has been no change; and year after year, in one or another of the great cities of the United States, the chosen delegates have assembled, justly possessing the confidence of their constituents, and comprising within their ranks the most shining talent, and the most distinguished worth that the medical profession in America can supply. Of such a body as this—the most enlightened representatives of the greatest medical constituency in the world—it would be presumptuous for us to speak in terms of praise; and we must be content to place before our readers a sketch of the scope and results of its past labours.

"We find then, on referring to the volumes of *Transactions* already published by the Association, that, in the first place, the duties of the standing committees have been ably and thoroughly fulfilled. We find the progress of medical science as a whole, and of practical medicine, surgery, and obstetrics, the most prominent divisions of the main subject, to have been carefully and accu-

ately traced in a series of reports worthy of the highest praise. Clear, concise, and comprehensive, these reports reflect the greatest credit, not only upon the committees from whom they have emanated, but also upon the judgment of the Association, in selecting the members of those committees for their respective duties.

"The Committee on *Medical Education*, having commenced its labours by a description of melancholy deficiencies, and having constantly endeavoured to remove them, was enabled to sum up its last Report in the following words of cheerfulness and encouragement:—

"Your Committee are pleased to bring, from the different sections of the country in which they reside, gratifying assurances that the labours of this Association have thus far been fruitful of good results. The voluntary principle in its organization, and its representative character, increases from year to year its moral power and influence, which have been made manifest in the increase of State and county societies, and in the efforts which many of the medical schools have made to conform to its recommendations."

"The Committee on *Medical Literature* has 'considered the general subject assigned to it under three heads, viz: the medical periodicals; the medical publications, including monographs and books; and the best means of elevating the character and extending the usefulness of the national medical literature.' The first report intimates (it is a remarkable fact that, in the New World, the errors of medical periodicals are *not* 'beneath the dignity' of a learned society) that, with regard to the medical journals, 'a sore cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writers, —not so much with regard to each other, for, if "*Medicus*" and "*Senex*" were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbours at large, and to things in general.' 'An editor,' says the Report, 'is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse.' In the same paper, the American translations or reprints, together with the original works on medicine, are criticized or mentioned.

Under the surveillance of a committee guided by the principles we have described, it will afford no matter of surprise that the Report on Medical Literature presented in 1853 should contain much to indicate progress, as well as much of warning and admonition for the future. Although very sparing of praise, it concludes by the expression of a 'confident conviction that the literature of our profession has already commenced a rapid improvement, which is destined to continue until it attains an elevation and influence corresponding with the high social and political destiny of our country.'

"Besides the regular proceedings of the standing committees, the American Association has accomplished a laborious investigation of the indigenous Medical Flora of the Union; has examined into, and reported upon, the adulteration of drugs; has ascertained the sanitary condition of the various States, and the difference between them in respect of the public health; and has on several occasions appointed committees for the study of epidemics and of special scientific subjects. These committees have collected and published a vast amount of highly valuable information.

"We have now, as fully as our narrow limits will permit, laid before our readers an account of the government, the animus, and the operations of the American Medical Association. It would be a pleasant task to dwell longer upon these topics, and to fill in with appropriate shading the scant outline that now appears upon our pages. But instead of doing so, we must turn at once to the practical question which even this outline cannot fail to suggest; we must inquire into the causes of that success, especially in ethical reform, which we cannot fail greatly to admire, and can scarcely refrain from envying. Those causes are to be found, we believe, solely in the moral power which is inseparable from a constitution based upon the principle of equal representation."

College of Physicians and Surgeons, New York.—Dr. JOHN TORREY has resigned the chair of Chemistry, which he has long and ably filled in this school, and Dr. JOHN LE CONTE, Professor in the University at Athens, Geo., has been selected to supply his place. Dr. Le Conte is a gentleman of cultivated mind and scientific attainments, and we feel quite sure that he will fully maintain the character of the school.

Yellow Fever.—This disease has almost disappeared from Norfolk and Portsmouth, and New Orleans, but it still prevails, to some extent, at various points of the South and Southwestern parts of our country. At Vicksburgh and Natchez it was rapidly abating at the last accounts. At Memphis, on the 12th, 13th, and 14th of Oct., it numbered 20 victims.

—
OBITUARY RECORD.—Died, in New York, on the 26th of August last, HORATIO GATES JAMESON, Sr., aged 76.

FOREIGN INTELLIGENCE.

Muriate of Morphia and Coffee in Neuralgia.—M. BOILEAU reports that he has derived great relief in the paroxysms of neuralgia from the administration of muriate of morphia in a very hot infusion of highly-roasted coffee. The dose is one centigramme ($\frac{1}{4}$ grain) for an adult, and less in other ages or in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary it may be increased by fractions; but M. Boileau has never gone beyond two centigrammes.—*Med. Times and Gaz.*, Oct. 6, 1855, from *Gaz. des Hôpitaux*, 1855.

—
Oxalate of Potassa in Puerperal Diseases.—Dr. RITTER VON BRENNER strongly recommends this substance in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women. The formula is,

R. Aq. dest. \mathfrak{z} vi; oxal. pot. gr. vi; sacch. \mathfrak{z} ij. M. A spoonful every hour.—*Med. Times and Gaz.*, Oct. 6, from *Buchner's Repert.*, 1855. No. IV.

—
Tinct. Ferri Murialis in Uterine Hemorrhage.—Dr. SCHNEIER, of Hamburg, states that, during the last thirteen years, he has found this a most valuable styptic in severe uterine hemorrhage prior to delivery. He injects 50 or more drops, diluted in 3 or 4 oss. of water. Of late he has also applied it in hemorrhage dependent upon placenta prævia, when the os is insufficiently opened to admit of labour being terminated. A sponge tent, cut to the form of the os, is steeped in the tincture, and passed as high up as possible. It not only arrests the he-

morrhage, but hastens the dilatation. The tincture has also been found valuable in hemorrhage from cancer uteri.—*Med. Times and Gaz.*, Oct. 6, from *Monats. für Geb. Band V. 451.*

Tincture of Benzoïn in Chapped Nipples.—M. BOURDEL states this is the best application, whatever the extent or duration of the fissure may be. After suckling, it should be freely applied with a pencil. The first application causes a burning pain for a quarter of an hour, which, however, is usually bearable, and future applications give relief instead of pain. It need not be wiped off before the infant sucks.—*Med. Times and Gaz.*, Oct. 6, from *Journal de Chimie Médicale*, July.

Formula for Chloroform.—M. DORVAULT states that chloroform is easily soluble in water, one part by weight to the 100. When more considerable quantities are required, the Commission of the Society of Pharmacy recommends the following formula: Chloroform 2 to 4 parts, sugar in lumps 12, gum arabic 5 to 10, and water 100 parts. Pour the chloroform on the sugar placed in a mortar; add next the gum, and then gradually the water, rubbing well. M. Stanislaus Martin suggests the following as preferable: Chlorof. 2 to 6 grammes, one yolk of egg, 30 grammes of syrup, and 150 of water. Mix the egg with the water, and strain, and then add the syrup and chloroform. The egg is more promptly deposited in proportion to the quantity of chloroform used, but carries no chloroform down, and on shaking the mixture becomes uniform.—*Med. Times and Gaz.*, Oct. 6, from *Bull. de Thérap.*

Oily Frictions in Mesenteric Disease.—DR. BAUR reports the great success that has attended the friction of the whole surface of the body, night and morning, with a sponge imbibed with tepid oil, the patient being kept in bed, wrapped in a blanket, for two hours after. The first effect produced is abundant general sweating; the skin, losing its dry aspect, becomes supple, turgid, and of a fresh color, a rubeloid eruption sometimes occurring. A secondary and highly beneficial calming effect is produced, which is manifested in the production of tranquil sleep. As a third, there is increased secretion, especially of the kid-

neys and liver. It is evident that many affections may be rendered tractable by such an agent, and Dr. Baur regards it as almost possessed of specific properties in diseases of scrofulous origin, as tubercles, mesenterica, or glandular tumours. He believes the frictions are powerful adjuvants in scrofulous hydrocephalus, and may even prove curative in phthisis, when steadily persevered in.—*Med. Times and Gaz.*, Sept. 8, from *Rév. Med. Chir.*, 1855.

Turpentine in Carbuncular Diseases.—DR. THIELMANN states that he has employed this substance with great success in a case of malignant pustule, and in a great number of cases of carbuncle, amounting to 342 since 1837. The treatment has been merely local, unless suppurative fever or other general symptoms called for interference. The turpentine was applied in every stage of the disease on a thick pad of charpie, evaporation being prevented by oiled silk. In most cases, a slight burning is at first produced, which only lasts for a few minutes. The epidermis becomes softened, and the mortified parts are quickly separated, without the necessity of the crucial incision. After the separation, it is still continued, as under its influence the healing is rapid. If, after each dressing (these being repeated night and morning), the patient complain of a continual burning, the lotion is to be sufficiently diluted with camomile tea, or the dressing is to be performed with this alone. The turpentine is suitable to all sloughy and atonic ulcers. The following is the formula for the preparation of the application: Mix 3j. of oil of turpentine with the yolk of an egg, and then add spirit of camphor 3j., camomile tea lbj.—*Med. Times and Gaz.*, Sept. 29, from *Berlin Med. Zeit.*, 1855.

Excessive Vomiting during Pregnancy.—In an interesting thesis upon the non-coercible vomiting of pregnancy, and especially in relation to the induction of artificial delivery, M. Castaya has collected 58 cases that have been published by various authors. He distributes these, according to their mode of termination, into 5 groups: 1. Cases which proved fatal (24), without abortion occurring, and notwithstanding every variety of treatment. 2. Cases of recovery (11), after spontaneous abortion, or after the infant had died, although its expulsion was some time delayed. 3. Cases of recovery (3),

without spontaneous abortion. 4. Fatal cases (3), notwithstanding spontaneous abortion; this occurring too late to be of avail, the patient's powers being exhausted. 5. Cases of artificial abortion (17). These are subdivided into two groups, successful (14), and unsuccessful (3). In three cases, pregnancy was sufficiently advanced to admit of a living child being born, as well as of the mother's life being saved. Thus, in 58 cases, we have 30 deaths, and 28 recoveries. Of these last, 11 cases were due to spontaneous abortion, 3 to the medicines employed, and 14 to the operation.—*Ibid.*, from *Gaz. des Hôpitaux*.

Sweetened Water as a cure for Opacity of the Cornea, produced by Lime.—A man was brought lately to the Hospital after having received slaked lime in his eye, and Dr. Gosselin saw him ten minutes after the accident. The cornea, already, had a remarkable opacity. No suppuration occurred, and the transparency of this membrane was restored in a few days under the influence of a mode of treatment discovered by M. Gosselin in the following experiments. He threw slaked lime on the eyes of animals, and he saw that, contrary to what is admitted to take place in such a case, there was no inflammation produced. A sudden opacity appeared, resulting merely from the introduction of the lime between the elements composing the tissue of the cornea. M. Gosselin found that a solution of many acids was able to restore transparency; but that frequently a suppurative inflammation was the consequence of the irritation produced by the acid. *Eau sucrée* (sugar and water) gives much more satisfactory results: it destroys the opacity in a very short time, and never causes any inflammation. The man, above spoken of, had his eye washed with *eau sucrée*, and, in three days, the opacity of the cornea had entirely disappeared. I have seen M. Gosselin performing with success, in presence of the society, the experiment of restoring to transparency the opaque cornea of a dog's eye.—*Med. Times and Gaz.*, Sept. 29.

Treatment of Neuralgia by Chloroform.—Neuralgia is confessedly one of the most obstinate affections with which the practitioner has to cope. We therefore quote with much pleasure, from a recent number

of the *Dublin Medical Press*, a mode of treating nervous pain by the local application of the vapour of chloroform, as suggested by Dr. Hardy's method to Mr. John A. Baker, a surgeon of Dublin. The case exhibits, in a remarkable manner, the efficacy of the vapour of chloroform, when applied to the surface of the unbroken skin. The method adopted was that so frequently insisted on by Dr. Hardy—namely, in the form of a bath, combining the vapours of chloroform and warm water, confining them to the limb by an air-tight case, and continuing the application for a considerable length of time. Mr. Baker says: "Early in the month of May last, my attention was solicited to the case of a young woman, aged thirty-five, residing in the village of Baldoyle, who was then, and had been for some time, suffering from a rheumatic affection of the foot, combined with neuralgia of so severe a character that it rendered her incompetent to pursue her ordinary avocations, and had already made a considerable inroad on her general health. At the time referred to she informed me that she was suffering from constant pain in the right foot, radiating from the dorsal surface of the great toe towards the ankle-joint and across the sole of the foot, in the direction of the tarso-metatarsal articulations. She was never free from pain, which was subject to violent exacerbations under the influence of fatigue or extreme vicissitudes of temperature. The foot was oedematous. About twelve at noon an exacerbation generally occurred, even when sitting, which lasted from a period varying from twenty minutes to three hours. At night, on retiring to bed, she was frequently troubled with a recurrence of the paroxysm which precluded all chance of sleep; and at other times, when walking along the road or through town, she would be suddenly assailed with pain so acute as to render her unable to proceed. She stated that she had first noticed the pain in the foot about a year and a half previously, and it had gone on increasing until last Christmas, when it became so troublesome that she was unable to continue her usual exercise. She had applied to the medical officer of her district (a gentleman of acknowledged skill and great experience), who administered treatment, both local and constitutional, for five months, without alleviating her symptoms in the slightest degree. At the time of my

interview with her, which took place at my own house, whither she had come in a car, she could with difficulty hobble across the room. Her face and general appearance bore indications of long-continued and severe bodily suffering. Her object in calling on me was to consult me as to the probability of her receiving relief from the local application of chloroform vapour. From the history of her case, and points of resemblance it bore to some of those detailed by Dr. Hardy, I felt little doubt that she was likely to be benefited by the anæsthetic douche; at any rate, as there was no possible risk incurred, and some probability of relief, I thought it was worthy of a trial. Accordingly, with the concurrence of the gentleman under whose care she had been, she visited Mr. Robertson, instrument-maker, Bachelor's-Walk, on Thursday, May 17, when the affected foot was subjected, for an hour and a half, to the mixed vapours of water and chloroform. At the conclusion of the application, to her no small surprise and gratification, she found she was able to walk firmly across the room, she was free from pain, and altogether the change in the member previously affected was, to use her own phrase, 'perfectly magical.' On her way home she walked from the railway station to her house unassisted—a feat she had been unable to accomplish for some months previously. As I was anxious to learn from her own lips the result of the experiment, she called upon me about ten days afterwards, and even in that brief state of time I was struck with the change for the better in her appearance. The poor woman was in an ecstasy of delight at her improved condition, which she assured me was the marvel of her neighbourhood. She enjoyed perfect immunity from pain, and was able to walk as well as before she was first attacked. On the 16th of this month she again called upon me, and the improvement referred to still obtained; she had, up to that time, submitted her foot to three applications of the douche at intervals of a fortnight. The foregoing case deserves, I think, a place amongst those already recorded in your journal, and will tend to establish the value of the 'anæsthetic douche' as a remedial agent in cases which resist the ordinary resources of the practitioner."—*Lancet*, Sept. 1, 1855.

Ovum in Ovo.—DR. JAMES G. WILSON gives (*Med. Times and Gaz.*, Sept. 1, 1855)

a description of a remarkable example of this:—

In the interior, and towards one extremity of the shell of a turkey's egg, is situated a smaller egg, about the size of a pigeon's, having a distinct and well-formed shell. The contained egg is firmly fixed to the end of the larger one, with its long diameter at right angles to its long axis. The lining or investing membrane of the larger egg appears, to some extent, to be reflected over the smaller one, from the place of junction. On perforating the shell of the lesser egg with a pin, a small quantity of a glairy or albuminous substance was found to exude. I may mention that the egg was boiled, and placed upon the breakfast-table a few days previous to my visit, and nothing was suspected until the egg-spoon was felt to grate, and heard to strike upon some hard, resisting body, which, when cautiously examined, proved to be the small egg above described.

[Double yolked eggs are not very uncommon, but we do not recollect to have heard before of one which had a separate and complete calcareous covering.]

University of Edinburgh.—At a meeting of the town council of Edinburgh on the 2d of Oct., Dr. Laycock, of York, England, was elected Professor of the Practice of Physic, in place of Dr. Alison, who had resigned. The other candidates were Prof. Bennett, Dr. Craigie, Dr. H. Douglas, and Dr. W. T. Gairdner, of Edinburgh, Dr. McConnac, of Belfast, Dr. Monro, late of India, and Dr. A. Wood. The names of Drs. Gairdner, McConnac, Craigie, and Douglas were withdrawn. On the first ballot the votes were for Dr. Bennett 9, for Dr. Wood 12, for Dr. Laycock 12. Dr. Bennett's name having been struck off, the votes were 15 for Dr. Wood, and 17 for Dr. Laycock.

Medical Profession in Prussia.—In 1849, for a population of 16,382,573 souls, there were 5,558 medical practitioners, and 1,465 apothecaries (druggists), or one practitioner to 2,929, and one apothecary to 11,114. In 1853, the population amounted to 16,858,087, the practitioners to 5,650, and the apothecaries to 1,497, i. e. one practitioner to 2,931, and one apothecary to 11,261. While in some provinces the practitioners are only one to 8,000, in Berlin there was one to 823 in 1849, one in 776 in 1853.